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ABSTRACT

This paper investigates the characteristics of attachment and attachment disorders and attempts to specify techniques used by psychologists, teachers, therapists, and parents to enhance the learning environment of unattached children. The paper includes a review of literature resources discovered through the computerized systems of the Education Resources Information Center (ERIC) and Info Trac as well as behavioral sciences reference texts. The paper also incorporates information from The Attachment Center at Evergreen Workshop held in Sioux Falls, South Dakota in May 1991, dealing with discipline and therapeutic techniques for unattached children. In addition to a discussion of the manifestations and diagnosis of attachment disorder, the paper includes a focus on the Life Space Intervention (LSI) technique of Wood and Long (1991), specifically the abbreviated LSI technique for preschoolers and other children not developmentally ready for all six stages in the original LSI. The abbreviated LSI includes three stages called "talk," "fix it," and "smile," which are described and evaluated in the paper. The paper concludes with a discussion of the social and educational impacts of attachment disorder, and general recommendations such as increased awareness of attachment disorder on the part of providers, teachers, and parents; continued research; and improvement of child care systems. Contains 40 references. (EV)

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Attachment Disorder:

Its Impact on Preschool and Social Settings

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Running Head: Attachment Disorder's Impact on Preschool and Society

ATTACHMENT DISORDER: ITS IMPACT ON PRESCHOOL AND SOCIAL SETTINGS

Introduction

Attachment is a familiar term to psychologists and preschool educators due to the works of John Bowlby and Mary Ainsworth. In the 1960's, Bowlby did extensive research on this mother and child bonding that creates an attachment beyond all other relationships. Researchers since have done studies on and speculated on how attachment affected child behaviors, school settings and adolescent and adult interpersonal relationships.

Decades before Bowlby and Ainsworth, volumes had been written about attachment under different terminologies. Even though "attachment disorder" is the most commonly used term at present, previous and similar studies have used terms like "maternal deprivation" (Levy & Monroe, 1956) and "child in placement" (Fahlberg, 1991). Numerous articles refer to these unattached children as "children without a conscience" (Parker, 1991), "children of rage" (Anderson, 1991) and "affectionless children" (Parker, 1991).

In the late 19th Century, Sigmund Freud, the father of psychoanalysis, realized the importance of maternal attachment. Harlow, who experimented with rhesus monkeys to disprove Freudian theorists thought that infants attach to the mother as a fulfillment of feeding needs (Parker, 1991). Harlow's findings showed that even when a feeding nipple was removed from a terrycloth surrogate mother, the infant still went to it for cuddling and safety. The desire for proximity to the mother for cuddling and security was the basis for Bowlby's attachment theory. Ainsworth did the first of the empirical studies concerning

infant attachment which are now known as the Strange Situation Studies (Ainsworth, 1978).

Although the importance of motherhood has been known since the beginning of humanism and mothers have been portrayed in art and poetry with endearment since the beginning of humanity, Bowlby stated how vital the maternal attachment is to one's well being. He explained in his books Attachment and Loss, Volumes I and II (1969 & 1973) how trust and security need to be in the first maternal relationship in order for a person to give or receive trust in future relationships.

Statement of the Research Problem

Bowlby's uniquely stated principle was as follows: "What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment" (Bowlby, 1969, p. xi). Thus, an attached child was one who had a warm, intimate and continuous maternal and mutually enjoyable relationship. On the other hand, if a child did not have the previously described relationship, an attachment disorder existed.

The consequences of having an unattached child in a classroom or home setting can bring the milieu to one of "crisis" (Wood & Long, 1991). Unattached children create disruptive situations in classrooms and homes which require creative problem solving on the part of teachers and parents.

Both parents are acknowledged as being important in the rearing of children.

Bowlby's theory stated that mothers are the most important for children's well being. Yet, more women are finding themselves in the work force, whether by choice or necessity. Thus, more children need to know that their mothers are available to provide loving support and security. The exclusion of fathers in the preceding statement is not to belittle the paternal role in the love and informal education of children. Fathers are vital secondary attachment figures and sometimes permanent mother substitute attachment figures (Bowlby, 1969).

Child care providers, teachers and parents are observing behaviors in children that result from the lack of maternal attachment or attachment substitue. The behaviors can be described as withdrawn or angry, but both stem from a lack of loving support and security. Child care providers, teachers and parents should be empowered to help such children. The problem is defined: What are the characteristics of attachment and attachment disorder and what techniques are used to enhance the learning environment of unattached children?

Review of Related Literature

John Bowlby's Theory of Attachment

Bowlby is the originator of the grand theory of maternal attachment. His contributions were stimulated by the works of Freud, Darwin and Harlowe. Bowlby studied instinctive behaviors in animals and noted goslings will follow any moving object in the first 24 hours of life. After an amazingly short period of time, "not only is it [what it starts for] elicited by a familiar object only, but, when the object is absent, a gosling will *seek* the familiar object" (Bowlby, 1969, p. 153). The seeking process will begin after only 1 or 2 days. The seeking of

proximity to one familiar person is the foundation for Bowlby's theory and the basis for studies by Ainsworth.

If Sigmund Freud is the father of psychotherapy, John Bowlby is the father of attachment. Bowlby examined the instinctive behaviors of attachment and sophisticated behavior systems that follow. It is the supersession of these sophisticated systems that leads to future studies of elaborate and consistent behaviors in children who have an attachment disorder. Bowlby contends that environmental stimuli play an important role in activating or terminating instinctive behavior. Because of the role of environmental stimuli, mothers are capable of affecting their children's attachment and teachers can affect children's ability to learn in the classroom setting.

Mary Ainsworth's Research

Mary Ainsworth first applied Bowlby's attachment theory to humans in empirical research. Ainsworth's studies state developmental stages of awareness of the mother's voice and phases of attachment in children. This researcher describes attachment figures as "ones' most trusted companions" (Ainsworth, 1978, p. 20).

Ainsworth explains how separation cannot be defined simply as a matter of absence of a trusted companion, but how availability of the attachment figure is crucial (Ainsworth, 1978). Inaccessibility and unresponsiveness of the maternal figure causes grief or anger in children.

Ainsworth states that children use "mother as a secure base from which to explore" (Ainsworth, 1978, p. 22). If children stray too far or stray for too long a

time in their exploring, the reciprocal maternal-behavioral system provides a fail-safe mechanism for retrieving. Educators observe that if this secure base is lacking, anxiety and grief impair the children's ability to learn. Ainsworth also provides four phases of attachment that coincide with Piaget's stages of development. The phases include the Initial Preattachment Phase, the Phase of Attachment in the Making, the Phase of Clear-cut Attachment and the Phase of a Goal-Corrected Partnership. Ainsworth states that the third phase begins during the second half of the first year of life and continues in the second and third years. Therefore, child care providers and preschool teachers are able to observe behaviors that indicate the completion of the attachment process or the lack of completion of the attachment process.

Vera Fahlberg's Placement Studies

Although Fahlberg's book A Child's Journey Through Placement focused on placing foster and adoptive children, Fahlberg provided a wealth of information for parents, child care providers and preschool teachers concerning the needs of the children with attachment disorders (Fahlberg, 1991). Naturally, because adoptive and foster children are separated from their parents, many have attachment disorders. Fahlberg presented a table of symptoms commonly observed in children with attachment disorders and provided treatments that have been successful in working with children.

Fahlberg's work is invaluable in application of theory to help fulfill needs of unattached children. The expert points out that children with relationship problems need optimum environments with both emotional nurturing and

reasonable limits. Children also need a positive atmosphere and choices to promote self esteem and a sense of control. Preschool teachers realize that the underlying theme in management of behavior problems stemming from attachment disorders is building *trust* (Fahlberg, 1991). Fahlberg states the scope of attachment disorders in these words: "learning problems affect not only school performance but also family and peer relationships as well as the acquisition of a variety of life skills usually learned within the family setting" (Fahlberg, p. 326).

John Levy's and Ruth Munroe's Study on Psychological Affects

Levy and Munroe do not use the term unattached or attachment disorders, but they presented studies concerning such disorders and the love/hate relationships between children and their parents (Levy & Munroe, 1956). Scenarios were presented of children who "dilly-dally all the way home" (Levy & Munroe, 1956, p. 294) because there was no one waiting for them. The anxiety and difficulty with concentrating on school work was described as a result of inavailability of parents. Although The Happy Family (Levy & Munroe,1956) was written long before the decade of the "latch key kids", parents can identify with the common situations in homes today. Preschool teachers, counselors and child care providers need to ask the questions that Levy and Munroe stimulate about children's family life in The Happy Family.

John Levy states that misbehavior is a plea for punishment to relieve the anxiety related to a sense of wrongdoing. This is explained to help parents understand their children's behavior problems. The statement is true for

behaviors in a child care setting or a classroom as well. The experts go on to state "children deprived of affection feel as cheated as children deprived of parental aggression" (Levy and Munroe, 1956, p. 310). Thus, the need for affection, discipline and boundaries was acknowledged by Levy in the 1956 publication and by Munroe in the 1938 edition, long before current researchers.

T. Berry Brazelton's Studies

Brazelton's numerous studies stressed the importance of family interrelationships in the early stages of children's lives. Brazelton estimates that 75 % of children have both parents working outside the home (Brazelton, 1985). This figure reflects a need for children to feel the availability of the attachment figure that Bowlby and Ainsworth earlier explained as necessary for the children's mental well being.

Brazelton's studies reveal that a mother has difficulties in achieving attachment with her children if maternal attachment is not present in the mother's childhood experiences. Brazelton refers to Selma Fraiberg's description of "nursery ghosts" as "visitors from the unremembered past of the parents" (Brazelton, 1990, p. 139). Brazelton explains that a mother has expectations for her children in infancy and if an infant's ability to respond is disturbed or impaired, mom feels expectations violated and attachment is put at risk. The mother's ability to respond to the children's needs may also be impaired if the "nursery ghosts" create "thoughts, memories, feelings" that "have a life of their own" (Brazelton, 1990, p. 139).

Method

The intention of this research study is to investigate the characteristics of attachment and attachment disorders and to specify techniques used by psychologists, teachers, therapists and parents to enhance the learning environment of unattached children. The procedure included the study of literature resources discovered through the computerized systems of Educational Resources Information Center (ERIC) and Info Trac as well as Behavioral Sciences Reference texts. The study also incorporates information from The Attachment Center at Evergreen Workshop held in Sioux Falls, South Dakota, on May 6,1991. From this workshop evolved discipline and theraputic techniques for unattached children.

The main discipline technique for this study came from a seminar held by Mary Wood and from Life Space Intervention by Wood and Long (1991). The Life Space Intervention (LSI) technique enhances developmental growth and learning in unattached children and in any children who are in crisis. This study focuses on the abbreviated LSI technique for preschoolers and other children who are not developmentally ready for all six stages in the original LSI. The abbreviated LSI includes three stages called "talk," "fix it" and "smile". These stages and their effectiveness are discussed in detail in the following section.

Insight and information also evolve from six years of experience as a teacher and child care provider for preschool children. Discussions with child care providers, preschool teachers and parents as well as with college professors and psychologists was an informal yet invaluable professional source in which expertise is shared.

Results

The father of attachment theory, John Bowlby, combined knowledge of Piaget's developmental stages, Freud's psychoanalysis and ethological studies of goslings and rhesus monkeys to develop the attachment theory. The study at hand combined Bowlby's theory and Ainsworth's empirically validated study together with expert studies of the application of attachment theory to empower child care providers, teachers and parents with the ability to make a positive impact on the unattached children's ability to bond with an adult and ability to learn in a formal and an informal educational setting. First, there exists a necessity for child care providers, teachers and parents to recognize the characteristics of attachment disorders. Secondly, there exists a necessity for valid and reliable techniques to create trust and security between the adult and the children. The actualization of these two goals intend to increase the children's ability to learn.

Characteristics of Attachment Disorder

Parker and Forrest (1993) use the following criteria for symptoms of attachment disorder:

-Lack of ability to give and receive affection
-Superficial attractiveness and friendliness with strangers
-Preoccupation with blood, fire, and gore
-Cruelty to others, especially pets
-Abnormalities in eye contact
-Abnormalities in speech patterns
-"Crazy lying" --when it [lying] does not make sense to lie

-Stealing, hoarding, and gorging
-Lack of long-term friends
-Extreme control problems (p.211)

These symptoms occur in varying degrees of intensity, according to Curtis (cited in Parker & Forrest, 1993), depending on the severity of the circumstances that led to the disruption of the attachment. The preceding characteristics are observational guidelines for child care providers, teachers and parents in detecting attachment disorders. However, the degree of intensity is of utmost importance. Parker and Forrest warn that, although counselors may serve as an attachment figure "who is allowed access to the emotional and cognitive components of the child" (1993, p.212), the severely unattached children need to be treated by professionals who possess expertise and in-depth knowledge that come from working with unattached children. Professionals conclude that family therapy and other types of therapy which instill trust between children and adults are effective (Fahlberg, 1991).

Ainsworth observes that "attachment is the process through which the child develops trust in the primary caregiver and develops the ability to establish and maintain significant interpersonal relationships" (cited in Parker, 1991, p.3). Therefore, a lack of proper attachment or a disruption in the attachment process results in non-attachment, which refers to the lack of ability to form such bonds needed in significant interpersonal relationships.

This non-attachment, according to Fraiberg, leaves an almost perceptible feeling of intervening space, a remoteness of "no connection" when encountering a person who has an attachment disorder (cited in Parker, 1991). A teacher in a preschool setting can experience great frustration while trying to

teach a child with such a "remoteness of no connection" that the child's desire to learn and to reach out and explore the world are absent. Child care providers can observe a "connection" in children as young as six months of age "shown not only by the child's crying when mother leaves the room but also by his greeting her on her return with smiles, lifting of arms, and crows of delight" (Bowlby, 1969, p. 200). The lack of similar behaviors is a reason for concern.

Developmental Phases of Attachment

Parents and professionals can recognize attachment behaviors more readily if the phases of attachment are known. Ainsworth (1978) has identified four phases of attachment. The Initial Preattachment Phase begins at birth and can continue until eight or twelve weeks of age. In this phase, the infant is learning to discriminate between the mother figure and others. When the discrimination process is completed, The Initial Preattachment Phase is concluded. The age at which the completion of the phase occurs allows for individual differences in development of the sensorimotor schemata since the phase is considered to continue until the infant can consistently discriminate the mother figure by means of visual cues (Ainsworth, 1978).

The second phase is The Phase of Attachment-in-the-Making. Ainsworth quotes Bowlby as naming the second phase the phase of "orientation and signals directed towards one (or more) discriminated figure(s)" (Ainsworth, 1978, p.24). During this phase discrimination between certain familiar figures from other familiar figures occurs as well as the discrimination from familiar figures and unfamiliar figures. The Initial Preattachment Phase ends and the

second Phase of Attachment-in the-Making begins when an infant discriminates the mother figure from the other familiar figures. During the second phase the infant uses crying and reaching as "proximity-promoting behaviors" (Ainsworth, 1978, p.24) toward the preferred figure. The mother figure can determine how readily the proximity promoting behavior will terminate by the response time lapse or the lack of response given to the behavior. Obviously, if the infant is crying to signal distress and the primary caregiver does not respond, insecurity will result. The lack of response on the part of the mother figure, if consistent, will terminate the proximity-promoting behavior. Ainsworth prefers not to determine the second phase as a phase of attachment. The attachment phase, as determined by Ainsworth and associates, does not occur until the infant can take active initiative in seeking proximity toward the mother figure.

The third phase is named The Phase of Clear-cut Attachment. Ainsworth quotes Bowlby as identifying The Phase of Clear-cut Attachment as the phase of "maintenance of proximity to a discriminated figure by means of locomotion as well as signals" (Ainsworth, 1978, p. 25). Locomotion is the key word in proximity-promoting behavior in this phase. The signals still occur to bring proximity to the child. However, the child now seeks proximity to the attachment figure as well. Again, the attachment figure can terminate the use of locomotion in the attachment behavior system by lack of encouragement or by a total lack of response to the baby's efforts if total lack of response is consistent. The children in the third phase are also beginning the use of language, learning to manipulate objects and learning about the properties of the objects. Bowlby (1969) explains that an infant's behavior first becomes organized on a goal-

corrected basis in the third phase. The baby's behavior involves a more sophisticated system in which the baby achieves a set goal of proximity to the attachment figure. The overall plan for achieving proximity through attachment behaviors becomes more important than the specific behaviors to achieve the set-goal (Ainsworth, 1978). It is Ainsworth's conviction that "the onset of goal corrected attachment behavior is an acceptable criterion of the onset of attachment" (Ainsworth, 1978, p.26). The onset of attachment in the third phase is not to be confused with the completion of attachment between the infant and the maternal attachment figure. The attachment continues to develop in The Phase of Clear-Cut Attachment as well as into the fourth phase. The third phase may develop as early as the age of 6 months (Ainsworth, 1978).

The fourth phase is The Phase of a Goal-Corrected Partnership. In this final phase, the child is capable of viewing things from the maternal figure's point of view. Preschool teachers can appreciate a child's egocentricity and most childcare providers as well as parents are aware of the egocentricity of the children for whom care is provided. In this phase of attachment, the egocentricity is lessened to the point of the ability to infer what motives and feelings, set-goals and plans might influence behavior. This phase of attachment involves the ability to solicit compromise. Because of the advanced understanding of the attachment figure's feelings, motives, set-goals and plans, Bowlby describes this advancement in the attachment relationship as a "partnership" (cited in Ainsworth, 1978). The term "goal-corrected" describes the complexity of the attachment behavior of the child and of the mother's recriprocal behavior. Although the preceding phase may begin as early as the

age of 6 months, the fourth phase is intended to include mature attachments. The age of the development of the last stage is contingent on the lessening of the egocentricity of the individual children. Therefore, a preschool teacher may observe that some children are capable of compromise and some children are not yet in The Phase of a Goal-Corrected Partnership.

Influences of Attachment Behavior

Attachment behavior and attachment are two separate terms that, for the purpose of this study, shall be clarified. "According to Bowlby, attachment is a biologically based bond with a caregiver" (Alexander, 1992, p.185). Attachment does not have to be to the biological mother (Bowlby, 1969). The attachment to the biological mother, or a surrogate mother figure, predicts social interactions with new persons better than infant-father attachments (Alexander, 1992). Attachment, or lack of attachment, affect children's attachment behavior.

Attachment to parent figures may become suppplemented and "to some extent supplanted" (Ainsworth, 1978) by attachments to other people. However, "few if any adults cease to be influenced by their early attachments, or indeed cease at some level of awareness to be attached to their early attachment figures" (Ainsworth, 1978). This statement implies a responsibility on childcare providers and preschool teachers to be educated in the area of attachment behaviors. Care and educational opportunities need to be provided in such a way that the children have a sense of security which encourages exploration and learning together through educational group activities.

Parents, mothers especially, should also know that "infants and young

children need to develop a secure dependence on parents before launching out into unfamiliar situations" (Bretherton, 1992, p.760). A part of attachment behavior includes proximity seeking behaviors toward the mother (Bowlby, 1969) and a child needs to "maintain a balance between exploration and proximity seeking" (Calkins & Fox, 1992, p. 1456). Ainsworth's Strange Situation Studies of mother-child attachment show that children use the mother as a source of comfort in times of stressful situations. In this decade where the majority of mothers are working and most return from maternity leave after children reach only 6 weeks of age, it is important that mothers be aware of the need for a secure base from which to explore in order to prevent anxiety in children (Bowlby, 1969). If the mother cannot be available for the children most of the time in the early years of developement, Bowlby and Ainsworth suggest that an amiable surrogate provider can take care of not only nutritional and bodily needs, but nurturing needs for affection and security to prevent anxiety as well.

Attachment behavior is also influenced by peers. A rhesus monkey study concludes that both mother-reared and peer only reared rhesus monkeys had more intimate contact and significantly less distress when with their most preferred peer (Higley, Hopkins, Thimpson, Byrne, Hirsch & Suomi, 1992, p. 1163). However, even when with their preferred peer, peer only reared monkeys displayed more distress than mother-reared monkeys (Higley, et al.1992). This study suggests that although attachment of a peer decreases anxiety, a secure attachment to a mother provides the most security or lack of distress. "In conclusion, our findings suggest that an earlier secure attachment

with a mother figure can perhaps provide for more secure peer relations later in life" (Higley, et al., 1992, p.1169).

The use of the phrase "mother figure" by Higley and associates indicates that an adult care provider can be an affective surrogate for the mother provided the child feels secure with the mother figure. It is also interesting to note that even in all peer group settings, the young monkey attached to *one* most preferred peer. This is consistent with Bowlby's (1969) goal of proximity to one particular object of attachment. Therefore, the appointment of a childcare provider in the infant stage and a caring preschool teacher in the later years is all the more significant since peer attachments are secondary to the child's sense of security. Childcare research by Howes and Stewart in 1987 suggested that family and childcare influences are interactive (cited in Howes & Hamilton, 1992, p. 877). Howes and Hamilton further suggest that "perhaps the same parents that have difficulty providing a caregiving environment that nurtures attachment security also have difficulty in selecting an appropriate child care environment" (p. 877) outside the home.

If a securely attached mother chooses a childcare provider who is with her child 9 hours a day, 5 days a week, for example, who does not respond appropriately to the child's emotional as well as physical needs, how does that affect the child's anxiety level overall? Also, in the reverse situation, if a mother-child attachment is not complete, to what extent can a quality childcare provider compensate for the mother? The answers to these questions are beyond the scope of this study, but some research suggests components, such as security, trust and self-esteem, are needed to allow preschool teachers to help the

children feel a secure base from which to explore the world and learn in a social and formal educational environment.

A concise summary of the needs of a child in an informal and formal education environment was stated by Hock and Schirtzinger in a journal article on maternal separation anxiety (p. 94):

> Attachment theory (Bowlby, 1988) emphasizes sensitive maternal behavior as that which provides for the child a balance between attachment needs (need for closeness to preserve physical and psychological safety) and opportunities for exploration. Attachment figures who are sensitive to a child's needs for closeness and comfort serve as a secure base, the internalization of which remains a source of "felt security" throughout the lifespan.

After this initial attachment stage and before the formal preschool begins (although informally the preschool stage is from birth to age six or first grade), Bowlby states "A main change is that after their third birthday most children become increasingly able in a strange place to feel secure with subordinate attachment figures, for example, a relative or a school teacher" (1969, p. 205). In order for this change to occur, certain conditions must be present. First, the subordinate figures must be familiar. Second, the children must feel secure that the mother can be contacted to insure availability if need be. This could be interpreted by preschool teachers as meaning reassurance is necessary for unattached children. A mother may also reassure children by saying, "I will be at work," "I love you," or "I will be back."

Children should need little or no reassurance by age three. After the third birthday, children's attachment relationships shift to the goal-corrected partnership in which the children are able to look at goals from the mother's

point of view. The children are able to share joint goals and plans and to tolerate situations (Bowlby, 1969).

Attachment behavior thus changes with the maturity of the 3-year-old's perception of the attachment relationship. This developmental stage of perception corresponds with Piaget's well-known egocentric 2-year-old's perception of the environment evolving into a 3-year-old's recognition of others. A childcare provider knows that a two-year-old will typically parallel play with similar toys rather than interact with the other children. Two-year-olds are still in the "me" and "mine" stage. If a preschool teachers have a four-year-old who is still parallel playing and incapable of sharing educational toys and interacting with the other children, that is an indication of a lack of appropriate development in relationships with peers. This delay in development may be due to a delay in attachment.

Behaviors prior to the third birthday have been described as (a) avoidant and insecure, (b) secure or (c) resistant and insecure (Calkins & Fox, 1992, p. 1456). These behavior descriptions are based on Ainsworth's study of infants in The Strange Situation. The researcher observes mothers leaving their infants with a childcare provider, allowing a stranger to enter the room and leave again and, finally, behaviors of children upon the mother's returning to the situation (Ainsworth, et al., 1978). These same infant attachment behaviors are described by Hazan and Shaver in adult patterns as "avoidant," that is, being uncomfortable when close to others and as distrustful of others; "anxious-ambivalent," that is, being unable to get as close to others as one would like because other adults get scared away and thus the anxious-

ambivalent adult is afraid of being abandoned by a partner; and "secure" adults, that is, being trusting of others and able to get close to others easily (cited in Shaver & Brennan, 1992, p. 544).

A study by Shaver and associates relates the infant attachment behavior patterns to adults' relationship with partners and other adults, and the same could be related to preschool attachment behaviors with subordinate attachments to teachers and peers. It is logical that infant avoidant behaviors result in a preschooler playing alone or enjoying individual learning activities. Anxious-ambivalent behaviors result in children shadowing a peer's behavior and being so close in proximity that the others are uncomfortable or feel smothered by the anxious-ambivalent children. The secure children interact and play with children and enjoy doing group activities.

Childcare providers and preschool teachers function as "playmates, teachers, managers, and caregivers" (Howes & Hamilton. 1992. p. 859). Since they also are surrogate mothers and objects of secondary attachments, they need to "respond positively and consistently" to preschool children as mothers do to infants in secure mother-child relationships (Howes & Hamilton, 1992, p. 860). Such positive reinforcements and consistencies encourage self-esteem and trust of others.

Educators and research experts know the importance of children's self-esteem. A study of self-esteem and maternal attachment in 1 to 3-year-olds, reported that children not only had better self-esteem and self-concept, but even had a "more complex knowledge of self and mother than did those who were insecurely attached" (Pipp, Easterbrooks, & Harmon, 1992, p. 748). Children

who have a better knowledge of the maternal attachment figure have a better understanding of the mother's goals and feelings from a knowledge of responses on the part of the maternal attachment figure. This knowledge enhances Ainsworth's fourth stage of attachment, The Goal-Corrected Partnership, in that the greater the knowledge of the mother, the better the partnership and the better the perspective of the mother's goals and feelings.

Educators and childcare providers may also be aware of research results in studies of psychophysiological changes that occur during separation anxiety. A study of 9-month-old children reveals that when a substitute caregiver is "warm, responsive, and interactive" (Gunner, Larson, Hertzsgaard, Harris, & Brodersen, 1992, p. 290), there is a significant reduction in adrenocortical activity and negative effects on children. This study can assure mothers that although a child naturally shows distress at the separation from mother, the child will "benefit the most from a sensitive, warm, and responsive" care provider or teacher (Gunner, et al., p. 301).

Another psychophysiological study of attachment researches the influence of separation anxiety on skin conductance. "As predicted, scores on the deactivation/hyperactivation dimension correlated positively with skin conductance rises for questions regarding separation" (Dozier & Kobak, 1992, p. 1478). Brazelton reports that an adult can relieve the separation distress of children by becoming available immediately to the distressed children at the time of departure of the parent (Brazelton, 1985). Child care providers may recognize separation anxiety by the children's inability to stay in a room alone, display of clinging behavior or display of shadowing an adult around the room

(Fishman, 1991). It is therefore important for the parents of children with severe separation anxiety to make a prudent choice of providers that possess a knowledge of attachment disorders and the psychophysiological effects of separation.

Although the choices of childcare providers and preschool teachers are important in the security and learning experience of children, all research for this study implies that the attachment to mother is paramount in the ability for a child to feel secure in exploring the world and to feel secure in sharing the experience with another significant human being throughout the adult life. It is of significant value for parents to know that the same attachment which allows such a positive acculturation also allows the child to grow as a fulfilled adult and to give the same type of attachment to the adult's child (Shaver et al., 1992). Other studies report intergenerational results. "In about 80% of cases thus far studied, infant-mother attachment can be predicted on the basis of mothers' internal working model of attachment" (Van IJzendoorn, Goldberg, Kroonenberg & Frenkel, 1992, p. 855). Main and Goldwyn concluded that experts can predict rejection of infants from the mother's representation of childhood experiences in Adult Attachment Interviews (Main & Goldwyn, 1984).

Separation Anxiety

Numerous behavior disorders can result from a lack of attachment or a disruption in the completion of the attachment stages because Bowlby (1982, p. 209) stated that "no form of behavior is accompanied by stronger feelings than

is attachment behavior... A threat of loss creates anxiety, actual loss, sorrow; both, moreover, are likely to arouse anger" (cited in Vaughn, Hinde, Waters, Kotsaftis, Lefever, Shouldice, Trudel & Belsky, 1992, p. 464). Authors Fahlberg, Parker, Levy and Munroe describe violent behavior that results from the varying degrees of attachment disorders. One study of sleep disorders in early childhood states that "all mothers of young children with sleep problems in this example were classified as insecurely attached" (Benoit, Zeahah, Boucher & Minde, 1992, p. 89). This same study concludes that mothers whose internal working models of attachment are secure are much less likely to have an infant with a sleep disorder than are mothers with insecure mother models themselves (Benoit, et al., 1992). Researchers Main and Goldwyn stated that, based on Adult Attachment Interviews, a mother's experience of her own mother rejecting her is systematically related to the rejection of her own infant and related to systematic distortions in her own cognitive process (1992). The distortion of the cognitive process in children as a result of maternal rejection in varying degrees is a concern and challenge to childcare providers and preschool teachers in the effort to provide a developmentally appropriate education. Clearly, individualization and one-on-one attention is appropriate.

Bowlby devoted the second volume of *Attachment and Loss* (1969 &1973) to the anxiety and anger caused by separation from the maternal figure. Research shows that anxiety expresses itself in the form of sleep disorders. Sleep disorder is also mentioned in *Disorders of Personality* (DMS-III : Axis II) along with the following symptoms under Separation Anxiety Disorder (Milton, 1981, p. 60-61) :

Diagnostic criteria for 309.21 Separation Anxiety Disorder

A. Excessive anxiety concerning separation from those to whom the child is attached, as evidenced by at least three of the following:

(1) unrealistic and persistent worry about possible harm befalling major attachment figures or fear that they will leave and not return
(2) unrealistic and persistent worry that an untoward calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident
(3) persistent reluctance or refusal to go to school in order to stay with major attachment figures or at home
(4) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to go to sleep away from home
(5) persistent avoidance of being alone, including "clinging" to and "shadowing" major attachment figures
(6) repeated nightmares involving the theme of separation
(7) complaints of physical symptoms, e.g., headaches, stomachaches, nausea, or vomiting, on many school days or on other occasions when anticipating separation from major attachment figures
(8) recurrent signs or complaints of excessive distress in anticipation of separation from home or major attachment figures, e.g., temper tantrums or crying, pleading with parents not to leave
(9) recurrent signs of complaints of excessive distress when separated from home or major attachment figures, e.g., wants to return home, needs to call parents when they are absent or when child is away from home

B. Duration of disturbance of at least two weeks.

C. Onset before the age of 18.

D. Occurrence not exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or any other psychotic disorder.

The previous symptoms are red flags to parents, childcare providers, and teachers which warrant concern as signs of attachment disorder. Once children are diagnosed as having an attachment disorder, the parents, childcare providers and teachers need the expertise of professionals to enhance the

children's ability to learn by providing a secure environment. The following are techniques that may be used by laypersons working with unattached children. The techniques are not meant to be exclusive and not meant to be used instead of professional therapy. The techniques are reliable and valid ones being used by Wood and Long and by professionals at The Attachment Center in Evergreen.

Life Space Intervention Therapy

Mary Wood (personal communication, November 13, 1990) stated the adult role for children ages two to six is a "teacher of basic social and learning skills, motivator and director of behavior." The adult is also the intervener in the LSI technique. Wood also states (personal communication, November 13, 1990) that children are aware of space in all countries and adults become the surrogate representative of all adults in the children's history or emotional memory at the point of intervention during an emotional crisis.

In order to be an effective motivator and director of behavior, adults should know that a "need for hope is a powerful determinant in motivation (or its lack) for changing behavior" (Wood & Long 1991, p. 278). Bruno Bettelheim said, "If a child is for some reason unable to imagine his future optimistically, arrest of development sets in" (cited in Wood & Long, 1991, p.278). Wood and Long clearly state how professionals can help students genuinely believe that life will get better (p.278):

> Our responsibility is to provide the process whereby this happens and negative feelings are replaced with feelings of success, pleasure, self-confidence, security, and trust. For young children, the time immediately following the selection of a new behavior holds promise for successfully sensitizing them to their own feelings of relief at crisis resolution and

pleasure in the results of a new, successful behavior. This learning provides the foundation for future motivation, teaching that changes in behavior can produce desired responses from others.

The intervention involves the "talk" phase, the "fix it" phase and the "smile phase" (Wood & Long,1991). The abbreviated form of LSI is used when the children involved are in the pre-existential stage in which the children look to the adult as having the power of authority and adults are looked on as being the judge, jury and decision maker or controller (personal communication, November 13, 1990). Most children ages two to six are in the pre-existential crisis phase of development and children six to nine are in the existential crisis phase of development (Wood & Long,1991). Therefore, the study at hand does not expound on the six steps of the unabbreviated LSI except to list them.

If one is dealing with a student in the existential crisis phase of development, the following six steps in the LSI can be used:

Step 1: Focus on the Incident--Support the student. Ask what happened. Student responds with words, not actions. Affirm student.

Step 2: Students in Crisis Need to Talk--Student talks about the incident. Adult questions to expand and clarify the incident. Affirm student. Ask "when", "where" and "who".

Step 3: Find the Central Issue and Select a Therapeutic Goal--Which goal is needed: organize reality, confront behavior, build values for self control, teach new skills or expose exploitation? Affirm student.

Step 4: Choose a Solution Based on Values--What are the alternative solutions? Which solution is satisfactory? Match student values of own needs, adult approval, fairness, my better self and care for others. Student states the solution.

Step 5: Plan for Success--Will the solution work? Rehearse new behaviors and anticipate consequences. Ask "What if?". Affirm student.

Step 6: Get Ready to Resume the Activity--How to end and return to group.

The final step ends in the last affirmation of the student, and the completion of all six steps results in the accomplishment of the therapeutic goal of student insight and self-esteem enhancement. The therapeutic goal creates a storehouse of more positive thoughts and feelings (Wood & Long, 1991). The abbreviated LSI has all the six steps condensed into the "talk", "fix it" and "smile" steps for children in the pre-existential crisis developmental stage. The three steps involve (a) talking about the incident and the issue, (b) developing a solution by selecting new behavior and (c) enhancing self-esteem (Wood & Long, 1991, p. 278-279):

"TALK" PHASE (Includes Steps 1,2, and 3)

- Draining off intense feelings so that perceptions of reality dominate behavior.
- Using words (instead of behavior) to describe these events and actions of self and others.
- Ordering the events into a sequence that conveys what came first, next, and last.
- Discriminating between relevant information and elements that confuse or cloud the incident.

"FIX IT" PHASE (Includes Steps 4 and 5)

-Understanding that something can be done by oneself to make the situation better.

- Learning a new way to make it better.
- Stating the new behavior in words.
- Wanting to try the new way of behaving.
- Rehearsing the new behavior.

"SMILE" PHASE (Step 6)

- Acknowledging that better feelings have resulted from the crisis resolution.
- Practicing the expression of these new feelings to carry them over into the next activity and for the future.

In order for the abbreviated phases to begin, the authors suggest that emotions aroused from the incident creating a crisis be subsided by what the authors term as "emotional flooding" (Wood & Long, 1991). At the point of emotional flooding, emotions flood over the children's behavior. Parents, childcare providers and preschool teachers observe this regressive emotional behavior in the form of "temper tantrums, screaming, crying, sobbing, kicking, spitting, biting, thumb-sucking, rolling around on the floor, waves of profanity or other 'shock' words, or running away" (Wood & Long, 1991, p. 284). The authors suggest helping the children get through the emotional flooding rather than leaving the children in crisis alone until the flooding of emotions is over. Children who are unattached and need to be in proximity to one who cares obviously do better with an adult showing support rather than leaving the children alone or in time out. The authors state that an increase in anger or resentment may occur if there is anxiety over abandonment.

Parents and professionals need to be specific in concrete words to help children calm down enough to begin the "talk" phase. Reassuring words during emotional flooding reinforces the adult's concern for what children are feeling at the time of crisis. Parents and professionals need to let children know what signs of readiness are necessary to signal the appropriate time to begin the "talk" phase of Life Space Intervention. The children know when an adult is ready to help solve the problem only if the adult states what behavior needs to

stop or slow down in order to begin the LSI. For example (Wood & Long, 1991, p. 284-285):

> "I can tell you're ready to talk when you breathe slowly."
>
> "When you shout, I can't hear you; talk softly and we can take care of this problem."
>
> "It's going to be all right. When you can sit (up, quietly, in the chair), I'll know you are ready."

Once children are ready to begin the LSI, an adult can begin with a simple yes or no question to prevent the emotional flooding from starting again. Children in this age group often do demonstrate regressive behavior or crying when talking begins. The same procedures can start again. The authors do not recommend counting to three or asking for prolonged periods of quiet. The adult's expectations may become ends in themselves for children to focus on instead of focusing on the incident and the solution.

When children are not ready to share information, the adult may create a story that parallel's the incident, and the children hear rather than talk about the situation and listen to the way in which the hero or heroine resolved the problem (Wood & Long, 1991). Another alternative is role play in which the teacher pretends to be the child. Through role play, the child varifies the events of the incident, begins the process of learning to sequence events and develops independence in problem solving (Wood & Long, 1991).

The "fix it" phase usually focuses on the theraputic goals of organizing reality or teaching new skills. However, if young children "are in touch with reality, are aware of what happened, and have the desire for new, more successful ways to behave, the therapeutic goal of teaching new social behaviors is appropriate"

(Wood & Long, 1991, p. 288). The children may learn behaviors such as telling the teacher when angry feelings are present or using words instead of acting out in an anger provoking incident with another child. The crisis is fixed when the children are aware of the behavior required and "can (a) state it in some form, (b) demonstrate it with an adult, and (c) indicate confidence that everything will be all right when they do what is required" (Wood & Long, 1991, p.290).

The final phase may be accomplished in various ways to create a sense of accomplishment in the children and to create a feeling of pleasure from resolving the crisis. The children may slap an open palm to give the teacher five, put thumbs up to signal confidence in following through with the desired behavior or smile after the teacher expresses pride in the children's ability to resolve the crisis. The unattached children may best respond by the adult providing proximity and a sense of psychological closeness which convey a sense of caring. Wood and Long further state that the positive feeling in the last phase of LSI is essential to behavior change and social emotional growth. The positive effects on children's self-esteem and self-concept are recognized by numerous experts as essential to behavior change.

During a seminar at Augustana College on November 13, 1990, Wood gave support to the concept of enrichment of self-esteem as well as self-concept through the "circle of courage." The circle of courage is a figurative representation which presents four components of self-esteem (belonging, mastery, independence and generosity) observed by traditional Native Americans in educational practices (Brendtro, Brokenleg & Van Bockern, 1990).

Each of the quadrants in the circle of courage are compared to Stanley Coopersmith's four basic components of self-esteem (Brendtro, et al., p.35):

(1) *Significance* was nurtured in a cultural milieu that celebrated the universal need for *belonging*.

(2) *Competence* was insured by guaranteed opportunities for *mastery*.

(3) *Power* was fostered by encouraging the expression of *independence*.

(4) *Virtue* was reflected in the pre-eminent value of *generosity*.

The words attachment, achievement, autonomy and altruism are also used by the authors to describe the components of self-esteem needed to reclaim youth at risk. Children who do not have a secure maternal or surrogate attachment are at risk. Professionals and parents are capable of reclaiming youth and younger children whose circles of courage are broken.

Therapy at the Attachment Center in Evergreen

The Attachment Center in Evergreen, Colorado, consists of professionals who are successful in the enhancement of self-esteem and the improvement of self image in children with an attachment disorder. The center has associate professionals in Arizona, California, Colorado, Connecticut, Florida, Massachusetts, Michigan, Missouri, Montana, Nebraska, New York, Ohio, Oklahoma, South Dakota, Tennessee, Texas and Wisconsin who successfully use holding therapy as a way of helping children with attachment disorders. Josephine Anderson, one of the center's professional therapists, states the foundation for therapy as being, "steadfast caring regardless of behavior" (Anderson, 1991, p. 3). A therapist at the center often states to unattached foster children that no matter what behavior is demonstrated, the fact remains

that all children are loved because all children are children of God--no person can change that fact (Anderson, 1991).

The attachment center builds a foundation of unconditional love for children and then develops a conscience in these children who are described as being "children without a conscience." Because eye contact demands interaction, such contact is very important during intervention and personal or theraputic conversation with the unattached children. The significance of eye contact in all interpersonal communication is studied by Stewart (1986). Eye contact is even more imperative in working with children who have attachment disorders, since interaction is a goal. The following is a list of tools used by the attachment center to develop a conscience (Anderson, 1991, p. 3) :

1. neutralizing language
2. insisting on eye contact with every exchange, especially a directive
3. using cue words
4. avoiding argument
5. being relentlessly consistent in the face of relentless provocation
6. setting behavior expectation priorities
7. using physical restraint

Not all of the preceding list is self explanatory. Neutralizing language is needed to avoid power plays. Cue words refer to one single word to cue children as to the adult's awareness of a potential crisis or of inappropriate behavior in public (Anderson, 1991). The word chosen by children could be as funny or unrelated to the behavior as the children wish. Words like "butterfly" and "mushroom" are sighted as neutralizing and humorous warnings to

potential problems. Anderson speaks the cue words to let children know there is a choice of continuing the behavior and taking the consequences, trying to regroup and change the behavior, or coming to Anderson for help in self-control (Anderson, 1991).

The setting of behavior expectation priorities relates to the boundaries of behavior. Anderson states that children with attachment disorders have more success with families who are more structured than spontaneous. The structure and knowledge of boundaries is an asset in self-control. Self-control is not present at times when restraint is necessary or emotional flooding is occuring. Restraint can lead to therapeutic holding which is suggested in workshops presented by Russ Colburn, Vera Fahlberg and Foster Cline (Anderson, 1991).

Theraputic holding is used by the therapists at The Attachment Center at Evergreen. Anderson believes holding therapy is the best treatment for the children with attachment disorders. The reasoning for the treatment is explained in the following quote (Anderson, 1991, p. 5) :

> The most important value to this child is being in control--through creating chaos, through lying, through disruption, through false charm, through whatever means he can devise. As long as he is able to control, he can deny and displace his rage and grief and remain unattached. The purpose of this therapy is to break through his control barrier and get to the rage and grief, freeing him to attach and trust. He may not make it; he may make it through therapy and choose to remain unattached; but giving him the chance to learn caring is what we can do.

Holding therapy can be used by professionals and parents for unattached children to enable attachment and trust. The center for attachment promotes such therapy as a step to build on the foundation of unconditional caring. Holding therapy is best done uninterrrupted and in private.

It is acknowledged that children may regress following an infant nurturing holding therapy session. Regression in age appropriate behaviors eventually allows the children to progress (Anderson, 1991) and should be allowed by parents and professionals. Adults may be forewarned that unattached children resist holding in every way possible, because manipulative control is under attack. The unattached children "fight physically, become verbally abusive, and resist eye contact...Foul language should be welcomed, with acknowledgement to the child that these are his true feelings, even though displaced from earlier times" (Anderson, 1991, p. 6). The Attachment Center at Evergreen is in agreement with Wood and Long in the acknowledgement of internal hurts, fears and anger during the intervention. The acknowledgement validates the feelings and offers adult support.

The adult may not interrupt the exposure of feelings or the value of the holding therapy is impaired. The theraputic process is described as follows (Anderson, 1991, p.7) :

Child	Parent/Therapist
1. Non-plussed compliance, usually	Gradual insistence on eye contact
2. Resistance and anger	"You hurt, but it's inside." "You're hurting me." "If you struggle, I hold--that could hurt some, but the real hurt isn't on your arm."
3. Threats--"I've gotta go potty." "I'll throw up."	Acceptance--"Go ahead, we'll wipe it up later."
4. Anxiety--physical, diversionary	Firmness: verbalize what's happening

5. Fear	Reassurance--"The bad things won't happen again."
6. Exposure of feelings	Calmness is urgent. There may be some memory of abuse (neglect or separation experience). Do not be horrified, do not stop. Listen and make calmly reassuring sounds--words don't matter.
7. Anger, impotence, grief, bewilderment	Cry with the child <u>if</u> you feel it: at at least accept the anger, sadness, and confussion. Verbalize the unfairness.
8. Relaxation	This is the bonding time. Cuddle for as long as it feels comfortable.

Josephine Anderson states that the need for exposure of feelings cannot be over-emphasized, "The child needs to relive the abuse/neglect separation experience and have it come out differently with these parents. The child needn't understand that, but he must feel it" (Anderson, 1991, p. 7). The children are meant to share hurt, rage, fear and grief in order to establish trust.

Discussion

The Social and Educational Impact

The social and educational impact of attachment disorders are clearly a lifetime influence. Children who are securely attached are more responsive to parents and competent with peers, whereas insecurely attached children are more likely to display avoidant/resistant behavior toward parents and to be

rejected by their peers (Bullock, 1993). Children in the preschool setting lack the secure base from which to explore and may display clinging behaviors or show a lack of attention to the task at hand. A study by Rogers and associates states that there is a correlation between the attachment security and general developmental level of autistic children (Rogers, Ozonoff & Maslin-Cole, 1991). Thus, developmental delays are related to security attachment in some children. It is best for teachers, child care providers and parents to be aware of such research results while continuing to educate children.

Research on adolescents show a moderate to strong correlation between loneliness and early disrupted attachment (Hecht & Baum, 1984). Hecht and Baum also state that the threat of separation influences feelings of loneliness just as does the quality of attachment. This validates Bowlby's belief that the lack of availability as well as trust in the availability of the attachment figure tends to impact on psychological development and social behavior. A sociological study states that securely attached individuals are less likely to become addicted to drugs due to a sense of security strong enough to experiment with drugs and a sense of self satisfation necessary to reject the artifical satisfaction of continued use (Walsh, 1992).

Children with attachment disorders need to be taught social skills. Such skills help form friendships that enhance their self image and sense of belonging which develop into healthier interpersonal relationships. Child care providers can be a positive influence on the teaching of social skills and on the fulfillment of caring needs if chosen with the caution suggested by Howes and Hamilton (1992). Child care providers and preschool teachers can incorporate

social skills in an age appropriate curriculum and use the "talk", "fix it" and "smile" intervention steps to improve children's problem solving skills. Child care providers, preschool teachers and, above all, parents impact on children's sense of trust and security through the bonding affects of holding therapy.

The Attachment Center at Evergreen implements treatment by professionals for children with varying degrees of attachment disorder. The treatment proposed in the study at hand is intended for the children who have mild attachment disorder. The child care provider, preschool teacher or parent needs to be educated in the use of nonjudgemental words, the avoidance of power struggles, the importance of consistency, the setting of boundaries or behavior expectation priorities and the use of physical restraint. The Life Space Intervention steps need to be practiced so the adult can enhance the children's ability to focus on the incident and the behavior necessary for problem solving.

The child care provider and the preschool teacher may become a secondary attachment figure. However, the mother is the one most trusted companion to the attached children. Thus, the mother is the one person most empowered to prevent attachment disorders and to impact on the improvement of her children's attachment disorders. Attachment disorders can be "precursors to many other disorders and to maladaptive, inappropriate behaviors"(Parker & Forrest, 1993). The decrease in occurance of attachment disorders may be accomplished by the education of adults.

The circle of courage, when complete, enables children to feel a sense of attachment (belonging), to feel a sense of pride in achievement (mastery), to feel a sense of autonomy (individuality) and to feel a sense of altruism

(generosity) toward others because of a healthy sense of self. Mothers and adults in general can be educated in ways to "fix" broken circles of courage through relationships with caring adults, family members and with peers. If the inner core of self is not developed early in life, children feel like an empty shell. They have no conscience, because there exists no knowledge of right and wrong. Children with an attachment disorder can roam through life not knowing who to cling to when a sense of security is desperately needed.

Allan Fromme states, "True loneliness is a basic sense of unconnectedness with people. It is in essence the denial of satisfaction of a deep need that we all share, the need to form relationships, to become attached, to love and be loved (Fromme, 1963, p. 190). The words of Fromme clearly state an understanding of what it means to be unattached. On the other hand, Victor Frankl expresses in poetic words what it means to be attached (Frankl, 1959, p. 60):

> Love goes very far beyond the physical person of the beloved. It finds its deepest meaning in his spiritual being, his inner self. Whether or not he is actually present, whether or not he is still alive at all, ceases somehow to be of importance.

Awareness of the full extent to which early attachment impacts on individual lives is recommended for the decrease in occurance of attachment disorder. M. Scott Peck, in a book on the psychology of love, states, "of the myriad lies that people often tell themselves, two of the most common, potent and destructive are 'We really love our children' and 'Our parents really loved us'..." (Peck, 1978, p.58). Peck continues to explain what lengths patients go to in order to believe such statements when the statements are unfortunately false. The purpose of Peck's psychotherapy treatment is to help the patients face such lies to improve mental health.

For effective intervention, it is necessary to recognize the symptoms. Child care providers, preschool teachers and parents can be alerted to red flags which indicate a need for intervention. For example, children who do not have a sense of right and wrong or do not appear sorry for hurting another child need to know limits and boundaries as well as logical consequences of inappropriate behaviors.

Frank Main writes a practical guide for parenting which expounds on the necessity for logical consequences as an alternative for parental punishment (Main, 1986). Fahlberg further states, "For the child in placement, we want to use disciplinary techniques that encourage relationship building, mutual trust, and increasing self-esteem" (Fahlberg, 1991, p.294). Logical consequences are recommended by F. Main, V. Fahlberg and The Attachment Center in Evergreen, as well as by numerous child psychologists, as an alternative to punishment. Time-out does not work well with the unattached child and yet it is used by many parents, child care providers and teachers as an alternative for all children because it is the accepted option to other forms of "punishment." Separation from the adult for inappropriate behavior can be an appropriate consequence for attached children, but is inappropriate for children who need proximity to an attachment figure. Wood and Long (1991) advise that an increase in anger or resentment may occur upon separation in time out. Wood and Long also explain the children's need for adult guidance in consequencing while the children are in the pre-existential stage.

Thomas Harris suggests that unattached children grow into "child-contaminated adults" who block out the painful parent and the data usually

provided by the parent for socially acceptable behavior or conscience (Harris, 1967). Harris further explains (p. 129):

> His behavior is dominated by his Child which, through the contaminated Adult, manipulates other people to his own ends. His Adult is able to estimate consequences, but the consequences he is concerned with have to do with whether or not he will be caught and seldom contain elements of concern for others. Although there may be exceptions, the general rule is that we do not learn to be loving if we have never been loved.

Mary Wood suggests that an emotional trauma which is never worked through in the stages of grief can terminate the developmental evolvement from the pre-existential stage into the existential stage (Wood, personal communication, November 13, 1990). In the existential stage lies a lack of egocentricity that allows altruism to flourish. The emotional flooding before LSI and the need for exposure of feelings reaffirmed by Anderson are therefore necessary for children's circle of courage to be complete and for development to continue.

A recent broadcast of "Face the Nation" with Bill Radcliff conducted an excellent interview with Deborah Prothrow-Stith from Harvard School of Public Health, Thomas Cottle from Boston University and Bill Cosby from the entertainment world and educational arena. The topic of discussion on the broadcast in January of 1994, was violence and its' impact on children. Thomas Cottle stated, " When you destroy children--they withdraw" and "When you withdraw from children--they destroy." The statement is a beautifully concise capsulization of the conditioned response between attachment behaviors of mothers and children. Cottle continues to express a belief that quality time can be a fictitious excuse and children need quantity time as well. Bill Cosby is in agreement with Bettelheim's expression of children's need for

optimism when Cosby speaks of a need for society to give the children some hope and a message. Cosby disagrees with people who say that inanimate objects such as guns and knives are to blame for childhood violence. Cosby declares (televised communication, January, 1994):

> Violence--Violence means not only the guns. It means the knife. It means the can opener. It means the fist and the rock you've thrown. (Pause). A great deal of it has to do with the lack of respect for the other person. We have to begin to respect the other person.

Children with attachment disorder need to learn that they can be loved, respected and trusted in order for the children to love, respect and trust others. Cottle's and Cosby's statements teach us to go to the heart of the problem with childhood violence by teaching children how to respect and love themselves and others. Deborah Prothrow-Stith declares that it is imperative that society learns to love *all* children and teach children that men and women are people who can control anger and who love children. The conceptualization of the message in the minds of children of society, especially in the minds of children with attachment disorder, can appear to be a daunting goal. Child care providers, teachers and parents need to strive for the goal every day-- one child at a time.

Recommendations

Awareness of Attachment Disorder. Child care providers, teachers and parents who are aware of attachment disorder symptoms and origins can alert the ones who are not aware of the symptoms and origins. Preschool teachers are especially capable of implementing the teaching of social skills in the age appropriate educational activities in the curriculum, and of skillfully making

maximum use of parent-teacher conferences to inform mothers of attachment concerns.

Continued Research. The more one learns, the more one realizes how much is unknown. Parents of all walks of life and professionals dealing with children in all capacities of life can gain an enrichment of education and understanding through continued research. Even Jim V. Hart and Malia Scotch Marmo, the writer's of the screenplay for Spielberg's film Hook, demonstrate an understanding of the impact of attachment when Wendy says to Captain Hook, "You need a mommy very, very badly" (Speilberg, 1992). Very few new studies are found in the most current publications. The publication of Mary Main's Adult Attachment Interviews is anticipated to encourage the correlation between attachment disorder and other behaviors that interfere with learning.

Improvement of child care systems and public awareness. On-site child care provided at the workplace, or in close proximity, is an ideal situation for mother's of preschoolers. The on-site child care is not all that can be accomplished to decrease separation anxiety. Businesses can be encouraged to allow up to a year for maternity leave in order for the phases of attachment to progress uninterrupted. The first year of life is most crucial for the first phases of attachment and the third phase may develop as early as six months (Ainsworth, 1978). Many mothers return to work after six weeks. Mothers using child care can be empowered with information concerning adult-child ratios and the credentials, references and quality of care provided by the staff.

The preceding recommendations intend to plant many small seeds of awareness and to motivate action among child care providers, preschool

teachers, parents and the public in order to help children with attachment disorders. Children are our future and adults are needed to contribute to the quadrants of the inner selves. It is the belief of this author that mothers are needed most of all.

Final Remark

Amanda McBroom poignantly expresses the impact of attachment through these words:

Some say love--it is a river that drowns the tender reed.
Some say love--it is a razor that leaves your heart to bleed.
Some say love--it is a hunger, an endless aching need,
I say love--it is a flower and you its' only seed.
It's the heart afraid of breaking that never learns to dance.
It's the dream afraid of waking that never takes the chance.
It's the one who won't be taken who can not seem to give,
and the soul afraid of dying that never learns to live.
When the night has been too lonely and the road has been too long,
and you think that love is only for the lucky and the strong,
just remember in the winter far beneath the bitter snows
lies the seed that with the sun's love in the spring
becomes the rose.

"The Rose"
Recorded by Bette Midler
Words and Music by Amanda McBroom
Warner-Tamerlane Publishing

References

Ainsworth, M.S., Blejhar, M.C., Waters, E. & Wall, S. (1978). Patterns of attachment. Hillsdale : Lawrence Erlbaum Associates.

Alexander, P.C. (1992). Application of attachment theory to the study of sexual abuse. Journal of Counsulting and Clinical Psychology, 2, 185-195.

Anderson, J. (1991, May). Holding therapy: A way of helping unattached children. Paper presented at a seminar sponsored by East River ICAN council, Sioux Falls, SD.

Benoit, D., Zeanah, C.H., Boucher, C., and Minde, K.K. (1992). Sleep disorders in early childhool: Associaton with insecure maternal attachment. Journal Of the American Academy of Child and Adolescent Psychiatry, 31, 86-93.

Bowlby, J. (1969). Attachment and loss, volume 1, attachment. New York: Basic Books.

Bowlby, J. (1973). Attachment and loss, volume 2, separation. New York: Basic Books.

Brazelton, T. B. (1985). Working and caring. Reading, Ma.: Addison-Westley.

Brazelton, T. B. (1990). The earliest relationship: Parents, infants, and the drama of early attachment. Reading, Ma.: Addison-Wesley.

Brendtro, L.K., Brokenleg, M., Van Bockern, S. (1990). Reclaiming youth at risk: Our hope for the future. Bloomington, IN: National Education Service.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. Developmental Psychology, 28, 759-775.

Bullock, J. R. (1993). Children's loneliness and their relationships with family and peers. Family Relations, 42, 46-49.

Calkins, S.D., & Fox, N.A. (1992). The relations among infant temperment, security of attachment, and behavioral inhibition at twenty-four months. Child Development, 63, 1456-1472.

Dozier, M., & Kobak, R.R. (1992). Psychophysiology in attachment interviews: Converging evidence for deactivating strategies. Child Development, 63, 1473-1480.

Fahlberg, V. A. (1991). A child's journey through placement. Indianapolis: Perspectives Press.

Fishman, K. D. (1991). Therapy for children. Atlantic Monthly, 267, 47-81.

Frankl, V. E. (1959). Man's search for meaning. New York: Washington Square.

Fromm, A. (1963). The ability to love. Hollywood: Wilshire.

Gunnar, M.R., Larson, M.C., Hertsgaard, L., Harris, M.L. & Broderson, L. (1992). The stressfulness of separation among nine-month-old infants: Effects of social context variables and infant temperament. Child Development, 63, 290-303.

Harris, T. A. (1967). I'm ok--You're ok. New York: Avon.

Hecht, D. T., & Baum, S. K. (1984). Loneliness and attachment patterns in young adults. Journal of Clinical Psychology, 40, 193-196.

Higley, J.D., Hopkins, W.D., Thompson, W.W., Byrne, E.A., Hirsch, R.M., & Suomi. S.J. (1992). Peers as primary attachment sources in yearling rhesus monkeys. Developmental Psychology, 28, 1163-1171.

Hock, E., & Schirtqinger, M.B. (1992). Maternal separation anxiety: Its developmental course and relation to maternal mental health. Child Development, 63, 93-102.

Howes, C., & Hamilton, C.E. (1992). Children's relationships with caregivers: Mothers and child care teachers. Child Development, 63, 859-866.

Howes, C., & Hamilton, C.E. (1992). Children's relationships with child care teachers: Stability and concordance with paternal attachments. Child Development, 63, 867-878.

Levy, J., & Munroe, R. (1956). The happy family. New York: Alfred A. Knopf.

Main, F. (1986). Perfect parenting and other myths. Minneapolis: Compcare.

Main, M., & Goldwyn, R. (1984). Predicting rejection of her infant from mother's representation of her own experience: Implications for the abused-abusing intergenerational cycle. Child Abuse & Neglect, 8, 203-217.

Milton, T. (1981). Disorders of Personality (DMS-III: Axis II). New York: Wiley-Interscience.

Parker, K.C. (1991). Attachment disorders: A proposed model for the school setting. (Thesis No. C6D23332). Laramie, Wy: University of Wyoming and Division of Leadership, Educational Studies, and Human Development. (Eric Document Reproduction Service No. ED 330989).

Parker, K.C. & Forrest, D. (1993). Attachment disorder: An emerging concern for school counselors. Elementary School Guidance & Counseling, 27, 209-214.

Peck, M. S. (1978). The road less traveled. New York: Simon & Schuster.

Pipp, S., Easterbrooks, M.A., & Harmon, R.J. (1992). The relation between attachment and knowledge of self and mother in one-to three-year old infants. Child Development, 63, 738-750.

Shaver. P.R., & Brennan, K.A. (1992). Attachment styles and the "big five" personality traits: Their connections with each other and with romantic relationship outcomes. Personality and Social Psychology Bulletin, 18, 536-545.

Rogers, S. J., Ozonoff, S., & Maslin-Cole, C. (1991). Journal of the American Academy of Child and Adolescent Psychiatry, 30, 483-488.

Spielberg, S.(Producer), & Spielberg, S. (Director). (1992). Hook [Film]. Burbank, CA: Columbia TriStar.

Stewart, J. (Ed.). (1986). Bridges not walls: A book about interpersonal communication (4th ed.). New York: Random House.

Van IJzendoorn, M.H., Goldberg, S., Kroonenberg, P.M., & Frenkel, O.J. (1992). The relative effects of maternal and child problems on the quality of attachment: A meta-analysis of attachment in clinical samples. Child Development, 63, 840-858.

Vaughn, B.E., Hinde, J.S., Waters, E.& Kotsaftis, A., Lefever, G.B., Shouldice, A., Trudel, M., & Belsky, J. (1992). Attachment security and temperament in infancy and early childhood: Some conceptual clarifications. Developmental Psychology, 23, 463-473.

Walsh, A. (1992). Drug use and sexual behavior: Users, experimenters, and abstainers. Journal of Social Psychology, 132, 691-693.

Wood, M. M., & Long, N. J. (1991). Life space intervention. Austin: Pro-Ed.